

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		06-08-01
O.I.P.E. CLASSIFIER		20	6/20
FORMALITY REVIEW	MM	572	08-07-01
RESPONSE FORMALITY REVIEW	Request	925	10-04-01

## INDEX OF CLAIMS

✓	.....	Rejected	N	.....	Non-elected
=	.....	Allowed	I	.....	Interference
—	(Through numeral)...	Canceled	A	.....	Appeal
—	.....	Restricted	O	.....	Objected

Claim	Final	Original	Date
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**If more than 150 claims or 10 actions  
staple additional sheet here**

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